

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10582229

FILING DATE

06-09-2000

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		1				
5	1					
6	1					
7	1					
8	1	1				
9	1					
10	1					
11	1					
12	1					
13	1					
14	0					
15	1					
16	1					
17	1	1				
18						
19	1					
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50						
TOTAL IND.	5		↓		↓	↓
TOTAL DEP.	15	←	←	←	←	←
TOTAL CLAIMS	20	[QR]	[QR]	[QR]	[QR]	[QR]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS		[QR]	[QR]	[QR]	[QR]	[QR]